## Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Maria Montanaro, Director 14 Harrington Road, Cranston, RI 02920-3080

## PUBLIC RECORDS REQUEST FORM UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date			
Name (optional)			
Address (optional)			
Telephone (optional)			
E-Mail Address (optional)			
Requested Records:			
	Kindly forward this r	equest to	
	,           •	Disabilities and Hospitals	
**	e of the Director – Attenti	•	
Barry H	Iall, 14 Harrington Road, Facsimile: (401) 46		
OFFICE USE ONLY	1 ucsimue. (401) 40	2-320 <del>4</del>	
Request taken by:	Request Assigned to	0:	
Date:	Time:		
Records to be available on:	Mail	Pick Up	
Records provided:			

If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the Department reserves its right to claim such exemption.

Note: If you choose to pick up the records, but did not include identifying information on this form (name, etc.), please contact Emily Limoges at (401)462-3405 with the date you made the request and the records requested.

Thank you.

Revised on 9-23-2015